P09000052563

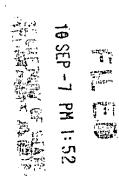
(Requestor's Name)
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Amend. 9-13-10

DZ

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEVIA t	HEVIA PA	
DOCUMENT NUMBER: P090005	2563	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
OSCAR HEVIA	of Contact Person	
<u>HEVIA + HEVIA</u> Fir	PA m/ Company	
91.55 S. DADELAN	VD R(VD STE / Address	<u>404</u>
MI AMI City/ Si	FC 33156 ate and Zip Code	
E-mail address: (to be used for	DM future annual report notification)	
For further information concerning this matter, please	se call:	
CARLOS A BRUZOS Name of Contact Person	at (<u>305</u>) <u>663 - 00</u> Area Code & Daytime Tele	phone Number
Enclosed is a check for the following amount made	payable to the Florida Departr	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

HEVIA t	HEVIA, P.A.			
(Name of Corporation as currently	filed with the Florida	Dept. of State)		
P090000	52563			
	of Corporation (if know	n)		
Pursuant to the provisions of section 607.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes, this <i>Flo</i>	rida Profit Corporation ad	dopts the fol	llowing
A. If amending name, enter the new name of the	corporation:			
			The nev	N
name must be distinguishable and contain the wabbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	gnation "Corp," "inc," anal association," or th	" or "Co". A professional	sted" or the l corporation	2 n
B. Enter new principal office address, if applicable		, e3,		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS)	я ў «ф: гч		
			SE SE	trad's
		r: T	<u> </u>	Ash. Files. A. J.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<u>ox</u>)	*** ***	J PH	
				(EL)
,	····		S S	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		Florida, enter the name o	f the	
Name of New Registered Agent:				
·				
New Registered Office Address:	(Florida street ad	dress)		
		, Florida		
	(City)	(Zip Code)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		d accept the obligations of	the position.	
Signati	ure of New Registered .	Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being				
(Attach ad	and title, name, and address of ditional sheets, if necessary)	feach Officer and/or Director being add	ed:	
·	amonai sneets, ij necessary)			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			☐ Add	
			Remove	
			□ Add	
			Remove	
			Remove	
				
E. If amer	nding or adding additional Art	ticles, enter change(s) here:		
	additional sheets, if necessary).			
ARTIC	LE III is HERE	ERV AMENDED AND SHA	LL READ AS	
,		EBY AMENDED AND SHA	,	
FOL	COMS:			
	ERMATOLOGICAL 1	PROCEDURES AND OTHER M	MEDICAL	
-	SERVICE 3.			
	· · ·	-		
		change, reclassification, or cancellation o		
provis	ions for implementing the amo	endment if not contained in the amendm	ent itself:	
. (9	not applicable, indicate N/A)	·		
	•			
 ;				

The date of each amendment	$g(s)$ adoption: $g(s) = \frac{1}{2} \frac{1}$
Effective date if applicable:	(date of adoption is required)
, in the date in apparence.	(no more than 90) days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemen ad for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required. Dated	re adopted by the incorporators without shareholder action and shareholder
Signature	Ob
sele	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	PRESIDENT (Title of person signing)